

16249

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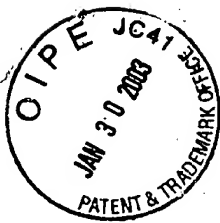
FEE TRANSMITTAL for FY 2002		Complete if Known	
Patent fees are subject to annual revision.		Application Number	09/882,186
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 15, 2001
TOTAL AMOUNT OF PAYMENT		First Named Inventor	Khanna
\$410.00		Examiner Name	Habte
		Group Art Unit	1624
		Attorney Docket No.	SO3284-US

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>	
<input checked="" type="checkbox"/> Deposit Account:		<b>Large Entity</b> <b>Small Entity</b>	
Deposit Account Number: 19-1025		Fee Code	Fee (\$)
Deposit Account Name: Pharmacia Corporation		Fee Code	Fee (\$)
The Commissioner is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments		Fee Paid	
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	
SUBTOTAL (1)			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND</b>			
Extra Claims		Fee from below	
Total Claims	-20** = 0 X 18.00 = 0.00		
Independent Claims	-3** = 0 X 84.00 = 0.00		
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 84	202 42	Independent claims in excess of 3	
104 280	204 140	Multiple dependent claim, if not paid	
109 84	209 42	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		\$0.00	
*or number previously paid, if greater; For Reissues, see above			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)		\$410.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Rachel A. Polster	Registration No. (Attorney/Agent)	47,004
Signature	<i>Rachel A. Polster</i>	Telephone	314-274-7354
		Date	Jun. 24, 2003

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CERTIFICATE OF MAILING BY EXPRESS MAIL (37 CFR 1.8)

Serial No: 09/882,186  
Filing Date: June 15, 2001  
Examiner: K. Habte  
Group Art Unit: 1624  
Docket No. SO3284-US

Invention: Cycloalkyl Alkanoic Acids as Integrin Receptor Antagonists

Date of Deposit: January 24, 2003

I hereby certify that these papers or fee is being deposited with the United States Post Office to Addressee service under 37 CFR 1.10 & 1.8 on the date indicated above and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20231

Fee Transmittal  
Combined Amendment & Petition for Extension of Time  
Reply Office Action  
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